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FEE TRANSMITTAL FOR FY 2005  [3] Applicant dains email antity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 65.00  METHOO OF PAYMENT (check all that apply)  Check Coredit Card Money Order None Other (please leentity):  X Deposit Account Deposit Account Number, 12-1660  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge any additional foig(s) or underpayments of fee(s)  Charge fee(s) indicated below Charge any additional foig(s) or underpayments of fee(s)  WARNING: Information on this form any become public, credit card Information about not be included on this form any become public, credit card information about not be included on this form any become public, credit card information on this form any become public, credit card information and atthercation on PTO-20sts.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  FILING FEES  FILING FEES  SEARCH FEES  FILING FEES  SEARCH FEES  FILING FEES  FILING FEES  FILING FEES  FILING FEES  SEARCH FEES  FEE (1)  Fee (1)  Fee (2)  Fee (3)  Fee (4)  Fee (3)  Fee (4)  Fee (5)  Fee (4)  Fee (5)  Fee (6)  Fee (6)  Fee (6)  Fee (7)  Filing Date  Art Unit  ARTHONO GRA110/109733  APULICATION FEES  FILING FEES  FILING FEES  FILING FEES  FILING FEES  FEE (1)  Fee (1)  FEE (2)  Fee (2)  Fee (3)  Fee (4)  Fee (4)  FEASION FEES  Fee (3)  Fee (4)  Fee (4)  FEE (3)  Fee (5)  Fee (4)  FEE (4)  FEE (5)  Fee (5)  Fee (6)  Fee (6)  Fee (6)  Fee (6)  Fee (7)  FEE (6)  Fee (7)  FEE (7)  FEE (7)  FEE (8)  Fee (8)  Fee (9)  Fee (9)  FEE (1)  Fee (1)  FEE (1)  Fee (1)  FEE (2)  Fee (1)  Fee (1)  Fee (1)  FEE (2)  Fee (2)  Fee (3)  Fee (3)  Fee (3)  Fee (4)  FEE (3)  Fee (4)  FEARLE Total Name  FEE (1)  Fee (1)  FEE (2)  Fee (2)  Fee (3)  Fee (3)  Fee (3)  Fee (4)  FEE (4)  FEE (3)  Fee (4)  FEE (4)  FEE (4)  FEE (4)  FEE (5)  FEE (6)  FEE (6)  FEE (6)  FEE (6)  FEE (	Effective on 12/08/2004,		Complete if Known						
FOR FY 2005    Sapplicant claims email antity status. See 37 CFR 1.27     TOTAL AMOUNT OF PAYMENT (\$) 65.00     Attorney Docket No.   GRA110/109733     Attorney Docket No.   GRA110/109733		Application Num	nber I	10/634,457					
Examiner Name Anthony Salata  Art Link 2837  TOTAL ABCOUNT OF PAYMENT (\$) 65 . CO  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please leaning):  X Deposit Account Deposit Account Number: 12-1660 Neposit Account Num	LEE IKANSMIII	Filing Date	A	August 5, 2003					
Applicant claims created analty statue, Sec 37 CFR 1.27   Art Units   Z83/	For FY 2005		First Named Inv	rentor B	aker, Will	liam J.			
METHOD OF PAYMENT (check all that apply)			Exeminer Name	A	nthony Sal	ata			
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please idensity):  Deposit Account Deposit Account Number: 12-1660 Deposit Account Name Shughart. Thomson Kilroy For the above-identified deposit account, the Cirector is hereby authorized to: (check all that apply)    Charge fee(s) indicated below Charge fee(s) indicated below, except for this filling fee   Charge arry additional fee(s) or underpayments of fee(s)   Credit arry overpayments   Charge fee(s) indicated below   Charge fee(s) indicated below, except for this filling fee   Charge arry additional fee(s) or underpayments of fee(s)   Credit arry overpayments   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below, except for this filling fee   Charge fee(s) indicated below all thin application fee   Sea	Appresia danis entili antily status. See 37 CFR	12/	Art Unit	2	837				
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Deposit Account Deposit Account Number: 12-1660   Deposit Account Name Shuthart Thomson Kilroy For the above-identified deposit account, the Cirector is hereby authorized to: (check all that apply)	METHOD OF PAYMENT (check all that apply)								
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Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form may become public. Credit card information about not be included on this form. Provide credit card information and authorization on PTO-2018.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SMAIL Entity  Assilication Type:  Fee (3)  Fee (5)  Fee (6)  Fee (									
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Information and authorization on PTO-2018.   FEE CALCULATION	under 37 CFR 1.18 and 1.17								
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2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Fee (\$) Fee (\$) Fee (\$)  Each independent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Hultiple Dependent Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  The specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	Reissue 300 150	500	250	600	300				
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4. OTHER FEE(5) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): <u>Jerminal Alsclaimer (37 CFR 1 20(d))</u> 65 00									
SUBMITTED BY									
ignature Rodace Registration No. 33765 Telephone 816.374.0523									

()1 FE 2 This collection of interruption is required by 37 CFR 1.138. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. including gathering, preparing, and automitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 2/3 \* RCVD AT 3/25/2005 7:17:31 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-110 \* DNIS:8729319 \* CSID:816 374 0509 \* DURATION (mm-ss):01-36

(Attorney/Agent)

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